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CONFIRMATION NO. 6102

Bib Data Sheet

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|---|---|--|--|---|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/695,121  | <b>FILING OR 371(c)<br/>DATE</b><br>10/27/2003<br><b>RULE</b>   | <b>CLASS</b><br>362                      | <b>GROUP ART UNIT</b><br>2875  | <b>ATTORNEY<br/>DOCKET NO.</b><br>SCH-00026-COA |                                    |
| <b>APPLICANTS</b><br>Graham B. McCloy, Cundletown, AUSTRALIA;<br>Ronald R. Raymo JR., Fort Gratiot, MI;   |   |  |  |   |                                    |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 09/495,105 02/01/2000 PAT 7,008,089   |   |  |  |   |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |  |  |   |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 01/28/2004</b>  |   |  |  |   |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR<br/>COUNTRY</b><br>AUSTRALIA | <b>SHEETS<br/>DRAWING</b><br>4   | <b>TOTAL<br/>CLAIMS</b><br>40                   | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>Warn, Hoffmann, Miller & LaLone, P.C.<br>P.O. Box 70098<br>Rochester Hills, MI 48307  |   |  |  |   |                                    |
| <b>TITLE</b><br>EXTERIOR REAR VIEW MIRROR HAVING A CHIN STRAP AND A REPEATER  |   |  |  |   |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1516  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                    |